



# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

12 AUG 23 18:56

DEPT. OF ECOLOGY  
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

- ☐ GROUND WATER ☒ SURFACE WATER  
☒ PERMANENT ☐ SHORT TERM ☐ TEMPORARY  
☐ DROUGHT

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

## Section 1. APPLICANT

- ☐ I have participated in a pre-application conference with Ecology.

Applicant/Business Name: David and Peggy Labuhn	Phone No: 425-355-2140	Other No:
1127 5 <sup>th</sup> Pl		
Mukilteo	WA	98275
David.labuhn@frontier.com		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: same as applicant	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: 51-28737	SEPA: Exempt/Not Exempt
Fee Paid: 50-	Check No: 7275	ECY Coding: 001-001-WR1-0285-000011



Date Returned _____	By _____	Priority Date _____	By _____	WRIA: _____
Pre-application interviewer: _____				

## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO  
 If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Briefly describe the purpose of your proposed project: To provide a permanent water source to cabin.

Anticipated length of time to complete your project: n/a

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic/Single Family	5 0.011 cfs		
<b>TOTAL:</b>			

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
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<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____
Source Name: <u>Lake Cavanaugh</u>	Well diameter & depth: _____
Tributary to: <u>Stillaguamish</u>	Number of proposed points of withdrawal: _____
Number of proposed diversion points: <u>1</u>	Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____



<b>C.) Point of Diversion/Withdrawal – Legal Description</b>						
Parcel No.	¼	¼	Section	Township	Range	County
66466		03	25	33	06	Skagit
Lot(s)	Block(s)		Subdivision			
20	6		1			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
 \_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)  
 from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_) corner of Section\_\_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
 \_\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)  
 from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_) corner of Section\_\_\_\_\_.

*NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.*

<b>Section 4. PLACE OF USE</b>						
<b>Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.</b>						
Lake Cavanaugh Sub Div 1 Lot 20 Blk 6						
¼	¼	Section	Twp.	Range	County	Parcel No.
	03	25	33	06	Skagit	66466

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_  
 \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_  
 \_\_\_\_\_

**Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.**



## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Existing 1 1/4" polybutylene intake line extends out lake approximately 150 feet. Foot valve on end of water line approximately 15 feet above lake bottom. Equipment: 1/2 h.p. jet pump, 5 micron particulate filter, ultraviolet light bacteria disinfectant, expansion tank.

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## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: <u>1</u>	Present population to be served water: _____
Type of connections: <u>Home</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	
_____	







## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = N/A ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_



**Other Use**

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**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

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*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: Lake Cavanaugh Road to North Shore

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Site Address: 35064 North Shore Drive, Mount Vernon WA 98274

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## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

David Labuhn

Print Name  
(Applicant or authorized representative)

*David Labuhn*

Signature

8/21/12

Date

Peggy Labuhn

Print Name  
(Legal Owner or Part Owner Place of Use)

*Peggy Labuhn*

Signature

8/21/12

Date

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Signature

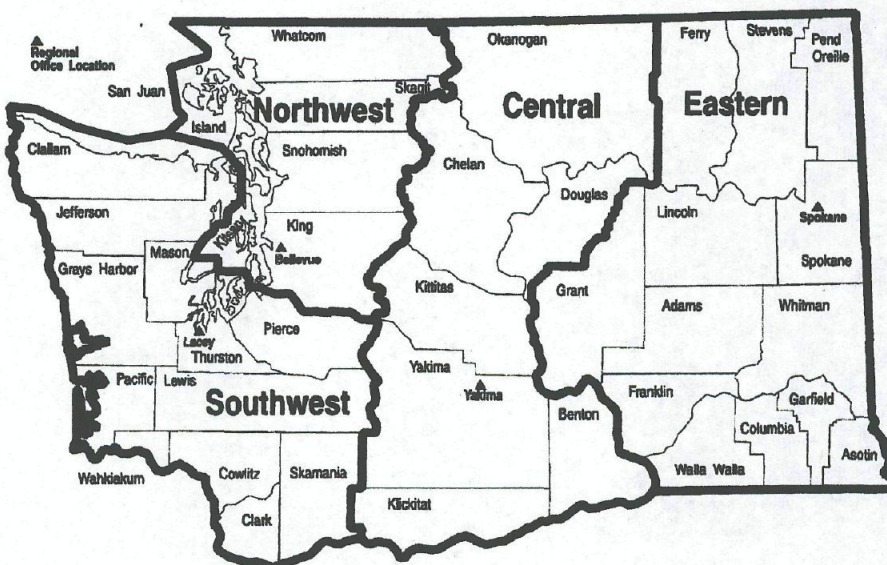
Date

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.





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David Labuhn

Print Name  
(Applicant or authorized representative)

*David Labuhn*

Signature

8/21/12

Date

Peggy Labuhn

Print Name  
(Legal Owner or Part Owner Place of Use)

*Peggy Labuhn*

Signature

8/21/12

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